

1. Pursuant to the federally mandated Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA), and any subsequent federal legislation regarding COBRA, Members and dependents who have lost coverage for the following reasons shall be entitled to elect COBRA continuation coverage under the Health Service System.
  - a. **COBRA Qualifying Events for Employees**
    - i. The employee's employment is terminated (voluntarily or involuntarily) for reasons other than gross misconduct.
    - ii. The employee's regular work hours are reduced, resulting in loss of coverage.
  - b. **COBRA Qualifying Events for an Employee's Spouse or Legal Domestic Partner Who is Covered on the Employee's Health Benefit Plan**
    - i. Voluntary or involuntary termination of the covered employee's employment for any reason other than gross misconduct
    - ii. Reduction in the hours worked by the covered employee
    - iii. Covered employee becoming entitled to Medicare
    - iv. Divorce or legal separation of the covered employee
    - v. Death of the covered employee
  - c. **COBRA Qualifying Events for Dependent Children Covered on an Employee's Health Benefit Plan**
    - i. Loss of dependent child status under either Health Service System or health benefit plan vendor rules
    - ii. Voluntary or involuntary termination of the covered employee's employment for any reason other than gross misconduct
    - iii. Reduction in the hours worked by the covered employee
    - iv. Covered employee becoming entitled to Medicare
    - v. Divorce or legal separation of the covered employee
    - vi. Death of the covered employee

## 2. Duration of COBRA Coverage

The duration of COBRA coverage listed below may be extended (or shortened) in accordance with provisions in the original federal act as well as subsequent federal and state legislation relating to COBRA.

COBRA Qualifying Event	Individual Eligibility	Duration of COBRA Coverage
<ul style="list-style-type: none"> <li>• Employee's termination</li> <li>• Employee's reduction in working hours</li> </ul>	<ul style="list-style-type: none"> <li>• Employee</li> <li>• Spouse</li> <li>• Dependent children</li> </ul>	18 months from the date active employee coverage ends

COBRA Qualifying Event	Individual Eligibility	Duration of COBRA Coverage

<ul style="list-style-type: none"> <li>• Covered employee's death</li> <li>• Covered employees divorce or legal separation</li> </ul>	<ul style="list-style-type: none"> <li>• Spouse</li> <li>• Dependent children</li> </ul>	36 months from the date active employee coverage ends
<ul style="list-style-type: none"> <li>• Loss of dependent child status</li> </ul>	<ul style="list-style-type: none"> <li>• Child</li> </ul>	36 months from the date active employee coverage ends

3. A COBRA-eligible individual who elects COBRA coverage will have a contribution rate which shall not exceed 102 percent of the applicable contract rate.
4. The deadlines for notices and payments shall be the same with respect to dependents as the deadlines applicable to employee Members with COBRA coverage.
5. Dependents may elect continuation coverage for themselves as individuals, or in combination with each other and/or the eligible Member, consistent with COBRA.
6. Employees and dependents who have exhausted continuation coverage under federal COBRA, may be eligible for Cal-COBRA if they are entitled to less than 36 months of federal COBRA. Continuation coverage under both federal and state coverage will not exceed 36 months. Self-funded PPO plans are not eligible for Cal-COBRA.